## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

| CLAIMS AS FILED - PART I                                            |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                   |                               |                     |                  |                   |                 |                        |                         |                     |                        |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|-------------------------------|---------------------|------------------|-------------------|-----------------|------------------------|-------------------------|---------------------|------------------------|
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | (Column           |                               | (Colu               |                  | SMALL ENTITY TYPE |                 | OR                     | OTHER TH<br>OR SMALL EN |                     |                        |
| TOTAL CLAIMS                                                        |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | 38                |                               |                     |                  | R                 | ATE             | FEE                    | 1 1                     | RATE                | FEE                    |
| FOR                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | NUMBER FILED      |                               | NUMBER EXTRA        |                  | BAS               | IC FEE          | 355.00                 | OR                      | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                             |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | 38 minus 20=      |                               | . 18                |                  | Х                 | \$ 9=           |                        | OR                      | X\$18=              | 324                    |
| INDEPENDENT CLAIMS                                                  |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | /                 |                               | . 7                 |                  | X                 | 40=             |                        | OR                      | X80=                | 560                    |
| MULTIPLE DEPENDENT CLAIM P                                          |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | RESENT            |                               |                     |                  |                   |                 |                        |                         |                     | 740                    |
| * If the difference in column 1 is less than zero, enter "0" in col |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                   |                               |                     | column 2         |                   | 35=             |                        | OR                      | +270=               | 18611                  |
| · A CE                                                              |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                   |                               |                     |                  | TC                | DTAL            |                        | OR                      | TOTAL               | 1594                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)       |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                   |                               |                     |                  | SN                | SMALL ENTITY    |                        |                         | OTHER<br>SMALL      |                        |
| AMENDMENT A                                                         |                                                                                                                                                                                                                                                                                                                                                                                                           | CLAIMS                                    |                   | HIGH                          | EST<br>BER<br>DUSLY |                  |                   | RATE            | ADDI-<br>TIONAL<br>FEE |                         |                     | ADDI-                  |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVIO<br>PAID         |                     | PRESENT<br>EXTRA | R                 |                 |                        |                         | RATE                | TIONAL<br>FEE          |
|                                                                     | Total                                                                                                                                                                                                                                                                                                                                                                                                     | عود                                       | Minus             | η<br>:                        | 8                   | =                | X                 | \$ 9=           |                        | OR                      | X\$18=              |                        |
|                                                                     | Independent                                                                                                                                                                                                                                                                                                                                                                                               | ٠ (۵                                      | Minus             | ***                           | 0                   | =                | Х                 | 40=             |                        | OR                      | X80=                |                        |
| L                                                                   | FIRST PRESENTATION OF MU                                                                                                                                                                                                                                                                                                                                                                                  |                                           | JLTIPLE DEPENDENT |                               | Γ CLAIM             |                  |                   | 25              |                        |                         | +270=               |                        |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                   |                               |                     |                  | <u> </u>          | 35=             |                        | OR                      |                     |                        |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                   |                               |                     |                  |                   | TOTAL<br>T. FEE |                        | OR                      | TOTAL<br>ADDIT. FEE |                        |
|                                                                     | 1 35 3                                                                                                                                                                                                                                                                                                                                                                                                    | (Column 1)                                |                   | (Colu                         |                     | (Column 3)       |                   |                 |                        |                         |                     |                        |
| AMENDMENT B                                                         |                                                                                                                                                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA | R                 | ATE             | ADDI-<br>TIONAL<br>FEE |                         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                     | Total                                                                                                                                                                                                                                                                                                                                                                                                     | *                                         | Minus             | **                            |                     | =                | X                 | \$ 9=           |                        | OR                      | X\$18=              |                        |
|                                                                     | Independent                                                                                                                                                                                                                                                                                                                                                                                               | *                                         | Minus             | ***                           |                     | =                | X                 | 40=             |                        | OR                      | X80=                |                        |
|                                                                     | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                               | NTATION OF MI                             | JLTIPLE DEF       | ENDEN                         | CLAIM               |                  |                   |                 |                        | Į                       |                     |                        |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                   |                               |                     |                  |                   | 35=             |                        | OR                      | +270=               |                        |
|                                                                     | ADDIT. FEE                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   |                               |                     |                  |                   |                 |                        |                         | TOTAL<br>ADDIT. FEE | ·                      |
| _                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                           | (Column 1)                                |                   | (Colu                         |                     | (Column 3)       |                   |                 |                        |                         |                     |                        |
| AMENDMENT C                                                         |                                                                                                                                                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA | R                 | ATE             | ADDI-<br>TIONAL<br>FEE |                         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                     | Total                                                                                                                                                                                                                                                                                                                                                                                                     | *                                         | Minus             | **                            |                     | =                | XS                | S 9=            |                        | OR                      | X\$18=              | 1,44                   |
|                                                                     | Independent                                                                                                                                                                                                                                                                                                                                                                                               | •                                         | Minus             | ***                           |                     | =                | X                 | 40=             |                        |                         | X80=                |                        |
|                                                                     | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                               | NTATION OF M                              | JLTIPLE DEPENDENT |                               | CLAIM               |                  | <u> </u>          |                 |                        | OR                      |                     |                        |
|                                                                     | If the option in action                                                                                                                                                                                                                                                                                                                                                                                   | mn 1 io lass that t                       | no onto in act    |                               | · "O" :             | luma 2           | +1                | 35=             |                        | OR                      | +270=               |                        |
| ••                                                                  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                   |                               |                     |                  |                   |                 |                        |                         |                     |                        |